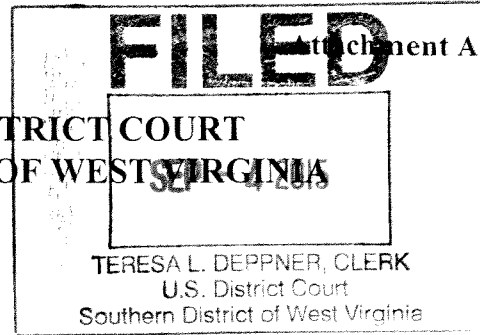


IN THE UNITED STATES DISTRICT COURT
FOR THE ~~NORTHERN~~ DISTRICT OF WEST VIRGINIA
Southern



Daniel Lee Hall SR

Your full name

**FEDERAL TORTS CLAIM ACT
COMPLAINT**

v.

Civil Action No.: 2:15-CV-12953
(To be assigned by the Clerk of Court)

UNITED STATES OF AMERICA

I. JURISDICTION

The Court has jurisdiction over this action pursuant to: Title 28 U.S.C. Section 2671, et seq. (FTCA) and Title 28 U.S.C. Section 1346(b)(1).

II. PLAINTIFF

In Item A below, place your full name, inmate number, place of detention, and complete mailing address in the space provided.

A. Your full name: Daniel Lee Hall SR Inmate No.: 3452328
Address: 1 mountainside way, Mt Olive Wv, 25185
Mount Olive Correctional Complex

III. PLACE OF PRESENT CONFINEMENT

Name of

Prison/Institution: Mount Olive Correctional Complex

A. Is this where the events concerning your complaint took place?
☐ Yes ☒ No

Attachment A

If you answered "NO," where did the events occur?

Huttonsville Correctional Complex

IV. PREVIOUS LAWSUITS

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? ☐ Yes ☒ No

B. If your answer is "YES", describe each lawsuit in the space below. If there is more than one lawsuit, describe additional lawsuits using the same format on a separate piece of paper which you should attach and label: "IV PREVIOUS LAWSUITS"

1. Parties to this previous lawsuit:

Plaintiff(s): _____
Defendant(s): _____

2. Court: _____
(If federal court, name the district; if state court, name the county)

3. Case Number: _____

4. Basic Claim Made/Issues Raised: _____

5. Name of Judge(s) to whom case was assigned: _____

6. Disposition: _____
(For example, was the case dismissed? Appealed? Pending?)

7. Approximate date of filing lawsuit: _____

Attachment A

8. Approximate date of disposition. Attach copies: _____

C. Did you seek informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part B?

☒ Yes ☐ No

D. If your answer is "YES," briefly describe how relief was sought and the result. If your answer is "NO," explain why administrative relief was not sought. Filed Grievances

E. Did you exhaust **ALL** available administrative remedies?

☒ Yes ☐ No

F. If your answer is "YES," briefly explain the steps taken and attach proof of exhaustion. If your answer is "NO," briefly explain why administrative remedies were not exhausted. Filed Numerous Grievances, Spoke to Institutional

Investigators

N/A G. If you are requesting to proceed in this action *in forma pauperis* under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label "G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS"

1. Parties to previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

Attachment A

2. Name and location of court and case number: None
3. Grounds for dismissal: ☐ frivolous ☐ malicious
☐ failure to state a claim upon which relief may be granted
4. Approximate date of filing lawsuit: N/A
5. Approximate date of disposition: N/A

V. ADMINISTRATIVE REMEDIES PURSUANT TO THE FTCA

- A. Did you file an FTCA Claim Form (SF-95), or any other type of written notice of your claim, with the appropriate BOP Regional Office?
☐ Yes ☒ No

- B. If your answer is "YES," answer the questions below:

1. Identify the type of written claim you filed: NO
2. Date your claim was filed: NO
3. Amount of monetary damages you requested in your claim:
NONE
4. If you received a written Acknowledgment of receipt of your claim from the BOP, state the:
- I. Date of the written acknowledgment: NO
- ii. Claim Number assigned to your claim: NO

- C. If your claim involves individuals who are employed by government agencies **other than the BOP**, did you file an FTCA Claim Form (SF-95), or any other type of written notice of your claim with the appropriate government agencies? ☐ Yes ☒ No

Attachment A

D. If your answer is "YES," answer the questions below:

1. Identify the specific government agency or agencies, including the addresses, where you filed notice of your claim:

N/A

2. Identify the type of written claim(s) you filed: _____

N/A

3. Date your claim(s) were filed: N/A _____

4. Amount of monetary damages you requested in your claim(s):

N/A

5. If you received a written Acknowledgment of receipt of your claim(s), state the:

I. Date of the written Acknowledgment: N/A _____

ii. Claim Number assigned to your claim: N/A _____

- E. If the BOP (or other government agency that received notice of your claim) either denied your claim or offered you a settlement that you did not accept, please state whether you requested reconsideration of your claim.

☐ Yes ☒ No

1. If you answered "YES," state the:

I. Date you requested reconsideration: N/A _____

ii. Date the agency acknowledged receipt of your request for reconsideration: N/A _____

Attachment A

VI. STATEMENT OF CLAIM

State here, as **BRIEFLY** as possible, the facts of your case. You must include allegations of specific wrongful conduct as to **EACH** and **EVERY** federal employee about whom you are complaining. Describe exactly what each federal employee did. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, you must number and set forth each claim in a separate paragraph. **UNRELATED CLAIMS MUST BE RAISED IN A SEPARATE CIVIL ACTION. NO MORE THAN FIVE (5) TYPED OR TEN (10) LEGIBLY PRINTED PAGES MAY BE ATTACHED TO THIS COMPLAINT. (LR PL 3.4.4)**

CLAIM 1: Deliberate Indifference for my Safety,

Exhibit A

Supporting Facts: in March 2015, I reviewed a letter from Mr Lancaster dated Nov 14, 2013 that made reference to my providing information to federal agents knowing this letter could put my life in jeopardy was sent postally, Mr Lancaster willingly sent out the letter then attempted to cover up his actions in additional letters. The letter was stolen, copied and passed out in DC, BOP facilities, now I am forced to live in protective custody.

Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

George H Lancaster JR

Federal Public Defenders office, 300 Virginia Street East,
Charleston WV, 25301

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," please explain: Acting Federal Assistant Public
Defender

CLAIM 2: Violation of Attorney Client Privilege,

Attachment A

Supporting Facts: By Placing This Information That He Knew Could Get me Killed in A letter, Rather Than Contact me By Phone, He Had Already Sent The letter in 11/14/13 There was No Logical Reason to send the same letter Again Roughly 2 years later. By doing So As marked Exhibit A, Has now Placed my life in Imminent Danger. The letter was copied Defaced and Returned to me

Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? ☐ Yes ☐ No

If your answer is "YES," please explain: _____

CLAIM 3: _____

Supporting Facts: _____

Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? ☒ Yes ☐ No

Attachment A

If your answer is "YES," please explain: _____

CLAIM 4: _____

Supporting Facts: _____

Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? ☐ Yes ☐ No

If your answer is "YES," please explain: _____

CLAIM 5: _____

Supporting Facts: _____

Attachment A

Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? ☐ Yes ☐ No

If your answer is "YES," please explain: _____

VII. INJURY

Describe **BRIEFLY and SPECIFICALLY** how you have been injured or your property damaged and the exact nature of your damages. my life is now in Potential Danger In Doc, BOP facilities, I have A Pending 36 month Detainer Upon Completion of my State Sentence, And now will be forced to seek Special management when moved to BOP, from Doc, And be forced to spend my time Segregated And unable to seek Employment, Academics, Job Training, These Actions Have Caused Extreme Anxiety, mental Stress, Depression

VIII. RELIEF

State **BRIEFLY and EXACTLY** what you want the Court to do for you. *Make no legal arguments. Cite no cases or statutes.*

Vacate Pending 36 month Sentence, or ~~the~~ Allow The Sentence to Be Added to Specified Release Period Rather Than Incarceration Time

Attachment A

DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at MT Olive Correctional Complex on 8-16-15.
(Location) (Date)

DL Hall Jr
Your Signature

Attachment E

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

Daniel L Hall SR.

Your full name

v.

Civil Action No.: _____

UNITED STATES OF AMERICA

Certificate of Service

I, Daniel Hall (your name here), appearing *pro se*, hereby certify that
I have served the foregoing Tort Complaint (title of document being sent)
upon the defendant by depositing true copies of the same in the United States mail,
postage prepaid, upon the following counsel of record for the defendant on
8-16-15 (insert date here):

(List name and address of counsel for the defendant)

Federal Public Defenders office,
Room 3400 U S Courthouse
300 Virginia Street East
Charleston WJ, 25301

D L Hall
(sign your name)